



Medi-Cal Managed Care Division

state of california



Medi-Cal Managed Care External Quality Review Organization

Report of the
**2005 Annual Review
LA Care Health Plan**

Submitted by
**Delmarva Foundation
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2005 Annual Review LA Care Health Plan

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of LA Care Health Plan to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as “the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (“Final Rule: External Quality Review”, 2003).
- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the “timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care” (“Standards and Guidelines”, 2003).
- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (“Standards and Guidelines”, 2003). An additional definition of timeliness given in the National Health Care Quality Report “refers to obtaining needed care and minimizing unnecessary delays in getting that care” (“Envisioning the National Health Care”, 2001).

Although Delmarva's task is to assess how well LA Care Health Plan performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted in either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate LA Care Health Plan's (LA Care) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on LA Care Health Plan

L.A. Care Health Plan (LA Care) is a full service, not for profit health plan contracted in Los Angeles County as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since April 1, 1997. As of July 2003, LA Care's total Medi-Cal enrollment was 819, 247 members.

During the HEDIS reporting year of 2004, LA Care collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by LA Care Health Plan, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom LA Care Health Plan provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties' an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, LA Care submitted the following for review:

- Adolescents Well Care Visits
- Asthma Collaborative
- Individual Health Education Behavioral Assessment (IHEBA) (Staying Healthy)
- Improving Well Child Visits 0-15 Months
- Using Technology to Improve Formulary Management and Prescribing

The health plan systems review for LA Care reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from April 2001 to March 2002 and was conducted April 8-12, 2002. This process includes document review, verification studies, and interviews with LA Care staff.

These activities assess compliance in the following areas:

- Utilization Management
- Continuity of Care
- Availability and Accessibility
- Member Rights
- Quality Management
- Administrative and Organizational Capacity

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review, covering services provided

from April-September 2001, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by LA Care, as well as its marketing practices.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page two of this report.

The table below shows the aggregate results obtained by LA Care.

Table 1. 2004 HEDIS Quality Measure Results for LA Care Health Plan

HEDIS Measure	2004 LA Care Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status-Combo 1	59.8%	64.7%	61.8%
Breast Cancer Screening	54.1%	53.1%	55.8%
Cervical Cancer Screening	60.2%	60.8%	63.8%
Chlamydia Screening in Women	32.6%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	61.1%	61.0%	64.2%

L.A. Care Health Plan (LA Care) exceeded the Medi-Cal managed care average for two HEDIS measures and fell below the Medi-Cal managed care average for three HEDIS measures. The “Breast Cancer Screening” and “Use of Appropriate Medications for People with Asthma” measures for LA Care fell below the National Medicaid HEDIS average although both measures scored above the Medi-Cal managed care average. L.A. Care Health Plans’ HEDIS results were less favorable compared to the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees’ perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of LA Care enrollees regarding their satisfaction with care. Also surveyed was a subset of the LA Care childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents’ response for children in the LA Care population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for LA Care Health Plan

CAHPS Measure	Population	2004 LA Care Rate	2004 Medi-Cal Average
Getting Needed Care	Adult	70%	69%
	Child	84%	77%
	CSHCN	73%	N/A
	Non-CSHCN	84%	N/A
How Well Doctors Communicate	Adult	52%	51%
	Child	50%	52%
	CSHCN	51%	N/A
	Non-CSHCN	50%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for children as compared to adults. The LA Care adult and child rates exceeded the Medi-Cal managed care average. Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with “Getting Needed Care” than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for LA Care’s practitioner network’s to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of “How Well Doctors Communicate” demonstrates that LA Care members perceive that there are opportunities for improvement in practitioner communication. The LA Care adult rate for this measure exceeded the Medi-Cal managed care average (52% versus 51%). The finding that parents of the CSHCN population have a slightly different rate of satisfaction with communication as parents of Medi-Cal children leads to the belief that practitioners may differentiate in their communication style between the two groups. Additionally, LA Care parents of children are generally less satisfied with the communication skills of practitioners compared to the Medi-Cal managed care average.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), LA Care used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted LA Care’s success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by LA Care can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by LA Care.

Adolescent Well Care Visits

- Relevance:
 - L.A. Care adolescent members are not accessing their primary care physicians for annual well care visits.
- Goals:
 - Increase the number of adolescent well care visits.
- Best Interventions:
 - Invitations to seek a well care visit and participate in the movie ticket incentive has been individualized and linked to the birthday month of the teen. A follow up letter is sent to the parents suggesting ways in which they can help their teen get a preventive care visit and a free movie ticket.
 - Focus survey barrier analysis to research why teens do not seek well care visits.
 - Letter to providers explaining program and reinforcing required components of well adolescent visits.
 - Providers were sent a list of eligible adolescent members.
- Outcomes:
 - N/A- Baseline measurement only
- Attributes/Barriers to Outcomes:
 - Issues regarding confidentiality.
 - Discomfort with discussing issues with the provider.
 - Ability to get to the doctor without parental assistance.
 - Lack of knowledge and understanding of adolescent health issues among providers.

Asthma Collaborative

- Relevance:
- Goals:
 - Collaborative effort among L.A. Care Health Plan and Community Based organizations to improve asthma management among identified members through innovative programs and interventions focused on promotion of asthma awareness and education among members and providers leading to improved self-management; improved control through appropriate use of medication; and reduction in use of emergency services for care of asthma.
- Best Interventions:
 - To increase the number of referrals by targeted providers community-based programs providing asthma education to members.
 - To contact members with moderate to severe persistent asthma regarding to community based asthma education programs.

- To enroll providers with a threshold number of members with moderate or severe persistent asthma who do not meet prescribing guidelines in a focused asthma education program.
- Outcomes:
 - NA- Baseline measure only.
- Attributes/Barriers to Outcomes:
 - Attribute: Identification of resources-support from internal staff and stakeholders staff (MD) time.
 - Attribute: Recruit and provide incentive for community experts.
 - Attribute: Development and maintenance of resource guide-internal and stakeholder support.
 - Attribute: Reporting from CBOs-coordination on reporting formats and exchange of information protocols.

Individual Health Education Behavioral Assessment (IHEBA) (Staying Healthy)

- Relevance:
 - Individual Health Education Behavioral Assessment (IHEBA) (Staying Healthy) tool is an State Department of Health Services requirement, per the SDHS facility site review guidelines.
- Goals:
 - To improve the screening rate for the pediatric and adult population relative to the Initial Health Education Behavioral Assessment
- Best Interventions:
 - N/A-No interventions provided for review.
- Outcomes:
 - N/A- Baseline measure only.
- Attributes/Barriers to Outcomes:
 - N/A-No barrier analysis provided for review.

Improving Well Child Visits 0-15 Months

- Relevance:
 - L.A. Care has difficulty identifying newborns until age two to three months of age.
 - Based on current HEDIS scores, a significant proportion of children only have four well child visits.
 - Children do not have all four components of a well child exam during other medical visits, i.e. acute or immunization visits.
- Goals:
 - Increase rate of documentation in medical record of a visit with primary care provider which contains all of the following components a health and development history (physical and mental); a physical exam; health education/anticipatory guidance.

- To increase the number of well child visits within the AAP guidelines for members between 0-15 months of age through member and provider incentive.
- Best Interventions:
 - Provider incentive for completion of visits.
 - Provider education on components of visits, coding, preventive care guidelines.
 - Member incentive programs.
- Outcomes:
 - 2002 Rate (MPL/HPL) 20.00% (26.30%/57.90%)
 - 2003 Rate (MPL/HPL) 33.17% (26.30%/57.90%)
 - 2004 Rate (MPL/HPL) 40.10% (26.30%/57.90%) (Baseline measure for QIP activity)
- Attributes/Barriers to Outcomes:
 - Barrier: Number of visits.
 - Barrier: Lack of appropriate documentation and missed opportunities for well child visits.
 - Barrier: Parents awareness of need for visit and getting child in for scheduled examinations.

Table 3 represents the Qualitative Results of each QIP.

Health Plan	QIP Activity	Indicator	Baseline	Re-measurement			
				#1	#2		
L.A. Care	Adolescent Well Care Visits	Increase the percentage of members who have at least one comprehensive well care visit with a primary care practitioner	2003 23.4%				
		Increase the number of new members completing an initial health assessment with 60, 90, or 120 days	Not reported				
	Asthma Collaborative	Number of members with asthma	Not reported				
		Asthma –related hospital admissions per year for members with asthma	Not reported				
		Appropriate use of medications for people with asthma	2004 61.09%				
	Individual Health Education Behavioral Assessment (IHEBA) Improving Well Child Visits 0-15 months	IHEBA-Pediatric Preventative	52.3%				
		IHEBA-Adult Preventative	36.65%				
		The number of children who receive 6 well child visits from birth to 15 months	2004 40.10%				
		Increase rate of documentation in medical record of a visit with primary care provider	Not reported				
		Increase the number of well child visits within the AAP guidelines for members between 0-15 months of age	Not reported				
	Using Technology to Improve Formulary Management and Prescribing	Improved selection of asthma medications at the point of prescribing	Not reported				
		Improved selection of antibiotic medications at the point of prescribing	Not reported				
		Improved provider efficiency in prescribing from multiple formularies	Not reported				
		Increased provider satisfaction with	Not reported				

Health Plan	QIP Activity	Indicator	Baseline	Re-measurement			
				#1	#2		
		formulary management Improved patient safety through avoiding potential adverse drug reactions at the point of prescribing	Not reported				

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, LA Care was assessed specifically in the following areas:

- Quality Management Review Requirements
 - Qualified Providers
 - Program Description and Structure
 - Administrative Services
 - Delegation of QIP Activities
- Member's Rights
 - Grievance Systems
- Continuity of Care
 - Coordination of Care: Within the Network
 - Coordination of Care: Outside the Network/Special Arrangements
 - Initial Health Assessment
 - Referral Follow-Up Care System

LA Care was found to have opportunities for improvement related to the Plan's grievance systems. As well, opportunities for improvement were identified with coordination of care outside the network and for special arrangements, initial health assessments and the referral follow-up care system. Within six months, LA Care addressed all identified deficiencies to the Department's satisfaction.

Summary of Quality

In summary, LA Care Health Plan performs quality improvement activities that are relevant to the population served. It is difficult to assess the effectiveness of the quality activities done due to the lack of outcome data submitted for evaluation. However, upon review of the QIPs, the EQRO recognized LA Care demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services. Although each of the QIPs represented baseline data, review of the QIP revealed that improvement had transpired from the beginning period where the indicators were measured to the time that these indicators were formally approached via QIP methodology. Thus it is the opinion of the EQRO that LA Care demonstrates a commitment to quality improvement of care and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure; the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for LA Care Health Plan

HEDIS Measure	2004 LA Care Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	73.5%	75.7%	76.0%
Postpartum Check-up Following Delivery	49.6%	55.7%	55.2%

L.A. Care Health Plan (LA Care) scored below the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that there is potential for improvement pertaining to access.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5. 2004 CAHPS Access Measure Results for LA Care Health Plan

CAHPS Measure	Population	2004 LA Care Rate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	37%	35%
	Child	36%	38%
	CSHCN	39%	N/A
	Non-CSHCN	37%	N/A

Findings from 2004 indicate that LA Care scored above the Medi-Cal managed care average for the adult population in this measure and scored below the average for the child population. However of greater importance is the fact that children with chronic care needs (CSHCN) have more satisfaction with access than LA Care's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they may be better able to obtain care compatible with their expectations.

Quality Improvement Projects

Although LA Care Health Plan did not perform any quality improvement projects that addressed access directly, LA Care assessed access as a component of each QIP in the barrier analysis. Efforts to improve well care visit access for adolescents was particularly beneficial in addressing focal barriers which impact well care visits. The implementation of a focal survey to adolescents was particularly beneficial to LA Care in understanding teen access issues. The QIP was an excellent example of the impact of access upon the overall quality of care. Although LA Care has submitted only baseline data, the EQRO anticipates improvement during the re-measurement cycles of QIPs due to the diligence of LA Care to improve access to care delivery.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2001 to 2002 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

- Member's Rights
 - Cultural and Linguistic Services
 - Primary Care Physician
- Availability and Access
 - Access To Medical Care
 - Access To Emergency Services
 - Access To Pharmaceutical Services
 - Access To Specific Services

After completion of the review, DHS/DMHC, identified opportunities in the area of access to medical care, emergency services and specific services. To address these opportunities, DHS/DMHC conducted active oversight of LA Care's corrective action process. LA Care effectively implemented recommendations related to Access Review Requirements and corrected each identified opportunity within six months of the final report findings.

Summary of Access

Overall, access is an area where continued work towards improvement occurs.. Combining all the data sources used to assess access, LA Care addressed the issues identified for improvement during the A&I audit. LA Care corrected each identified issue and attained compliance with the access standards required by DHS/DMHC. Continued performance of QIP activities should enable LA Care to identify and perform interventions to address barriers to clinical care and thus demonstrate clinical quality improvement.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for LA Care Health Plan

HEDIS Measure	2004 LA Care Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	40.1%	48.7%	45.3%
Adolescent Well-Care Visits	37.8%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	50.0%	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No reported cases	33.1%	N/A

The “Well Child Visits in the First 15 Months of Life” measure fell below both the Medi-Cal managed care average and the National Medicaid HEDIS average. However, the “Adolescent Well-Care Visits” measure exceeded both comparison averages. When looking at this data compared to the HEDIS childhood immunization results for Contra Costa Health Plan, it is explicable that the rates are found to be low for both

measures (Childhood Immunization Status versus Well Child Visits in the First 15 Months of Life or 6 more visits). This may indicate that if practitioners performed more well child visits, the childhood immunization rates may be higher (and vice versa). This may indicate opportunities for improvement in the area of timeliness.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7. 2004 CAHPS Timeliness Measure Results for LA Care Health Plan

CAHPS Measure	Population	2004 LA Care Rate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	52%	54%
	Child	49%	53%
	CSHCN	50%	N/A
	Non-CSHCN	50%	N/A
Health Plan's Customer Service	Adult	75%	70%
	Child	82%	82%
	CSHCN	74%	N/A
	Non-CSHCN	83%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. L.A. Care Health Plan (LA Care) adult and parents of child members find office staff less helpful when compared to the general Medi-Cal population. This could explain the reason that LA Care scored below the Medi-Cal average in three of the five (60%) HEDIS quality measures. If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff as courteous and helpful as general Medi-Cal enrollees. This is interesting for the CSHCN population often find medical office staff somewhat more helpful than general Medi-Cal populations. Health plan customer service staff are perceived as less helpful by parents of the CSHCN population when compared to the general Medi-Cal child population. Although this finding is not surprising,

LA Care has an opportunity to improve satisfaction within this group. Special training of member services staff to the needs of the CSHCN population may be required to have staff become more responsive the needs of this population. However because of the medical vulnerability of the CSHCN population, it is important that office staff and health plan staff understand how to best meet their needs. The ability of medical office and health plan staff to meet the CSHCN population's needs is likely to help avert care being rendered at the inappropriate level of care.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. LA Care used a variety of mechanisms to address timeliness, including sending birthday card reminder, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

LA Care acknowledges the relationship between timeliness and access. If care or service cannot be obtained (a measure of access), timely provision of the needed service is unlikely. Thus, LA Care demonstrates an understanding of the importance of timely care delivery in the overall provision of quality health services.

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2001-2002 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
 - Prior Authorization Review Requirements
 - Prior Authorization Appeal Process

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review requirements. LA Care effectively addressed issues identified in the Utilization Management Process and corrected identified deficiencies within six months to the Department's satisfaction.

Summary for Timeliness

Timeliness barriers are often identified as access issues. LA Care addressed timeliness in its QIPs through identification of barriers in QIP activities. Each HEDIS-related quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Thus, demonstration of the attribute of timeliness to the overall importance of high quality care is recognized and addressed as part of the strategy to improve quality of care for enrollees.

Overall Strengths

Quality:

- Commitment of LA Care management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.

- Continuous improvement in indicator measures prior to the official QIP measurement baseline.

Access:

- LA Care's performance of the access barrier survey for adolescent well care visits.
- Recognition that access to care and services impacts the overall quality of care.

Timeliness:

- LA Care exceeded both the Medi-Cal average as well as the National Medicaid average for the adolescent well care visit rates.
- LA Care's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Continue to work to improve access to improve members' satisfaction with access as evidenced by improved access satisfaction scores during the next CAHPS survey.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon enables greater efficiency through focused resource allocation.
- Better documentation of QIP activities on the Quality Improvement Activity (QIA) form in order that the strengths of LA Care's quality work is not overlooked by reviewers.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report

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